

## City of Amsterdam

### Death Certificate Requests

A copy of a death record for a person who died in the City of Amsterdam can be requested by coming in person to our office. Death records are not public records and New York State Public Health law protects their confidential nature. The deceased's spouse, parent, child, siblings or lawful representative with proper identification can request certified copies. The deceased child or sibling must provide a copy of their birth certificate along with proper identification. All other persons must have proof of why they need the death certificate as well as identification.

#### **IN PERSON**

You must have **PROPER IDENTIFICATION**:

Identification Requirements - **either** A or B:

**A.** One (1) of the following forms of valid photo-ID:

- Driver license
- State issued non-driver photo-ID card
- Passport
- U.S. Military issued photo-ID

**B.** Two (2) of the following showing the applicant's name and address:

- Utility or telephone bills
- Letter from a government agency dated within the last six (6) months

Fee is \$10.00 for each certified Death Certificate.

We accept checks, money orders, credit cards (\$3.00 credit card service fee) and/or cash.

#### **BY MAIL**

A certified copy of a death record of a person who died in the City of Amsterdam also can be requested by mail. Complete all the fields on the application, mail along with a copy of your Identification(s) and a \$10.00 check or money order, for each certified death certificate, made payable to City of Amsterdam to the following address:

City of Amsterdam  
61 Church St.  
Amsterdam, NY 12010

Please enclose a self addressed, stamped envelope

**\*\*Please be sure that the address listed on your form of identification matches the address on the application form. If they do not match, this will result in a delay in processing your request. \*\***

# Application to Local Registrar for Copy of Death Record

**PLEASE COMPLETE FORM AND ENCLOSE FEE**

FEE: \$10.00 per copy or No Record Certification. Please do not send cash or stamps.

**PLEASE PRINT OR TYPE**

Name of Deceased			Date of Death or Period to be Covered by Search		
First	Middle	Last			
Name of Father of Deceased			Social Security Number of Deceased		
First	Middle	Last			
Maiden Name of Mother of Deceased			Date of Birth of Deceased		Age at Death
First	Middle	Last	Month	Day	Year
Place of Death					
Name of Hospital or Street Address			Village, Town or City		County
Purpose for Which Record is Required					
What was your relationship to the deceased? _____					
In what capacity are you acting? _____					
If attorney, name and relationship of your client to deceased _____					
Signature of Applicant _____			Date _____		
Address of Applicant _____					

**COMPLETE FOR DEATHS OCCURRING AS OF JANUARY 1, 1988**

\_\_\_\_\_ Number of copies requested with confidential cause of death

\_\_\_\_\_ Number of copies requested without confidential cause of death

**PLEASE PRINT NAME AND ADDRESS WHERE RECORD SHOULD BE SENT**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_